



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1064344

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Pro-Stim Chemicals, LLC

P.O. Box 25
 Cheyenne Wells, CO 80810

Invoice

Date	Invoice #
9/14/2011	56698

Bill To
Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614

Ship To

Requested By	Terms	Sales Rep.	Ship	Lease
	Net 30	J K	9/7/2011	HESS 2-33

Quantity	Item Code	Description	Price Each	Amount
600	RWR-1 15%	GALLONS	2.26	1,356.00
2	AR-630	GALLONS	24.10	48.20
1	DUMP JOB		158.00	158.00T
3.5	TRUCK TIME	HOURS	95.00	332.50T
		Sales Tax - GOVE CO.	8.05%	39.49

			Total	\$1,934.19
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Phone #	Fax #	E-mail
719-767-8071	719-767-5925	prostim@hotmail.com

Acidizing Report

PRO-STIM CHEMICALS

Date 9-7-11

Customer <u>GRAND MEADOW</u>	Pro-Stim Chemical Yard <u>Dighton</u>	Pro-Stim Number <u>A-3 56696</u>
Well Name & Number <u>Hess 2-33</u>	Field	Formation <u>Spot</u>
County <u>Gove</u>	State <u>Ks</u>	BHT
	YD	Interval <u>4359-65</u>

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH

Job Pumped Via: Tubing <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/>	Plug Depth	Packer Depth <u>4835'</u>
Casing Size: <u>5 1/2"</u>	GRD	WT
	Depth	Tubing Size: <u>2 7/8"</u>
	GRD	WT
	Spot	
Casing Vol.	Tbg Vol <u>25.57</u>	Ann Vol <u>.7</u>
	OH Vol	Total Displacement <u>26.7</u>
Maximum Pressure	Tubing	Casing
	Proposed Pump Time <u>8:30</u>	AOL <u>8:30</u>
		Leave Loc <u>10:00</u>

Special Instructions: 500 yd 15% RWR-1 2 AR630

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
8:44	Acid	3.4	1.0		60		
8:48	Acid	3.4	14.3		70		
8:48	Flush	3.1	14.4		10		
8:51	"	0.0	25.7		100		
8:52	"	0.0	25.7		300		
8:55	"	0.0	25.7		400		
8:57	"	0.0	25.7		500		
9:01	"	0.0	25.8		600		
9:07	"	0.0	25.8		700		
9:12	"	0.0	25.8		1000		
9:24	"	.2	26.2		770		
9:27	"	1.5	27.0		500		
9:29	"	1.0	28.3		550		
9:30	"	1.5	30.2		660		
9:33	"	1.5	33.6		760		
9:37	"	1.5	39.3		840		
9:38	"	1.5	41		680		

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O <u>26.7</u>	Acid <u>14.3</u>	Oil
Treating Prs.	Max <u>1000</u>	Final <u>680</u>	Avg. <u>700</u>	ISIP <u>620</u>	5'SI <u>440</u>
					10'SI <u>380</u>
					15'SI <u>330</u>
Customer Representative	<u>[Signature]</u>			Pro-Stim Supervisor	

Pro-Stim Chemicals, LLC

P.O. Box 25
Cheyenne Wells, CO 80810

SEP 26 2011

Invoice

Date	Invoice #
9/14/2011	56696

Bill To
Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614

Ship To

Requested By	Terms	Sales Rep.	Ship	Lease
	Net 30	S M	9/7/2011	HESS 2-33

Quantity	Item Code	Description	Price Each	Amount
900	15% HCl ACID	GALLONS	1.28	1,152.00
30	AS-290	GALLONS	30.34	910.20
3	AC-307	GALLONS	17.39	52.17
3	S-262	GALLONS	13.42	40.26
2	AI-150	GALLONS	18.83	37.66
2	AR-630	GALLONS	24.10	48.20
28	KCL BIOCID - 2%	BRLS	3.16	88.48
1	DUMP JOB		158.00	158.00T
3.5	TRUCK TIME	HOURS	95.00	332.50T
		Sales Tax - GOVE CO.	8.05%	39.49

Total			\$2,858.96
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Phone #	Fax #	E-mail
719-767-8071	719-767-5925	prostim@hotmail.com

Pro-Stim Chemicals, LLC

P.O. Box 25
Cheyenne Wells, CO 80810

SEP 26 2011

Invoice

Date	Invoice #
9/14/2011	56744

Bill To
Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614

Ship To

Requested By	Terms	Sales Rep.	Ship	Lease
	Net 30	JK	9/9/2011	HESS 2-33

Quantity	Item Code	Description	Price Each	Amount
250	RWR-1 15%	GALLONS	2.26	565.00
1	AR-630	GALLONS	24.10	24.10
30	KCL BIOCID - 2%	BRLS	3.16	94.80
1	DUMP JOB		158.00	158.00T
3	TRUCK TIME	HOURS	95.00	285.00T
		Sales Tax - GOVE CO.	8.05%	35.66

			Total	\$1,162.56
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Phone #	Fax #	E-mail
719-767-8071	719-767-5925	prostim@hotmail.com

Acidizing Report

PRO-STIM CHEMICALS

Date 9-9-11

Customer <u>Grand Mesa</u>	Pro-Stim Chemical Yard <u>Dighton</u>	Pro-Stim Number <u>A3 56744</u>
Well Name & Number <u>HCS 2-33</u>	Field	Formation <u>Spot</u>
County <u>Gove</u> State <u>Ks</u>	BHT	YD
		Interval <u>4084-89</u>

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH

Job Pumped Via: Tubing <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/>	Plug Depth	Packer Depth <u>4023</u>
Casing Size: GRD WT Depth	Tubing Size: GRD WT Spot	
Casing Vol. Tbg Vol	Ann Vol OH Vol	Total Displacement <u>25</u>
Maximum Pressure Tubing	Casing	Proposed Pump Time <u>8:30</u> AOL <u>8:20</u> Leave Loc <u>10:15</u>

Special Instructions: 250 gal 15% RWR-1 | AR630

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							Prs Test to _____ psi
8:39	ACID	3.0	1.1		0		
8:41	ACID	3.0	6.0		0		
8:41	fluid	3.0	6.1		0		
8:43	"	3.0	13		0		
8:48	"	6.0	21.8		60		
8:48	"	0.0	21.9		250		
8:49	"	0.0	21.9		400		
8:54	"	0.0	22.1		700		
8:56	"	0.0	22.4		800		
9:08	"	0.0	23.1		900		
9:30	"	6.0	24.3		900		
9:44	"	1.2	25.2		890		
9:47	"	1.5	25.5		700		
9:48	"	1.7	25.7		570		
9:49	"	1.0	26.2		620		
9:51	"	1.0	28.2		490		
9:53	"	1.0	30.2		420		
9:54	"	1.0	31.0		390		

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O <u>25</u>	Acid <u>6</u>	Oil
Treating Prs.	Max <u>900</u>	Final <u>310</u>	Avg. <u>800</u>	ISIP <u>200</u>	5'SI <u>30 sec to 70'SI</u> 15' SI
Customer Representative	<u>Abh A. [Signature]</u>			Pro-Stim Supervisor	

Pro-Stim Chemicals, LLC

P.O. Box 25
 Cheyenne Wells, CO 80810

SEP 26 2011

Invoice

Date	Invoice #
9/21/2011	56810

Bill To
Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614

Ship To

Requested By	Terms	Sales Rep.	Ship	Lease
	Net 30	JK	9/12/2011	HESS 2-33

Quantity	Item Code	Description	Price Each	Amount
500	RWR-1 15%	GALLONS	2.26	1,130.00
2	AR-630	GALLONS	24.10	48.20
25	4% KCL	BRLS	3.26	81.50
1	DUMP JOB		158.00	158.00T
3	TRUCK TIME	HOURS	95.00	285.00T
		Sales Tax - GOVE CO.	8.05%	35.66

			Total	\$1,738.36
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Phone #	Fax #	E-mail
719-767-8071	719-767-5925	prostim@hotmail.com

Acidizing Report

PRO-STIM CHEMICALS

Date **1-12-11**

Customer GRAND Mesa	Pro-Stim Chemical Yard Dixon	Pro-Stim Number A356810
Well Name & Number Hess 2-33	Field	Formation Spot
County Gove State KS	BHT	YD
		Interval 4084-4089

Well Type: Completion Recompletion Workover Oil Gas Water Disposal Perf OH

Job Pumped Via: Tubing <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Annulus <input type="checkbox"/> CTU <input type="checkbox"/> Combination <input type="checkbox"/>	Plug Depth	Packer Depth 4089
Casing Size: 5 1/2	GRD	WT
Depth	Tubing Size: 2 7/8	GRD
Spot 14	WT	Spot 14
Casing Vol.	Tbg Vol	Ann Vol
OH Vol	Total Displacement 24	
Maximum Pressure	Tubing	Casing
Proposed Pump Time	AOL	Leave Loc 2045
Special Instructions: 500gal 15% RWR-1 + 2 AR630		

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
							Safety Meeting
							*Prs Test to _____ psi
1:57	Acid	3.8	1.0		0		
2:00	Acid	3.8	12.0		0		
2:08	Flush	3.8	12.1		0		
2:01	"	3.8	14.0		-10		SPOT
2:12	"	3.9	16.5		-70		
2:14	"	3.9	24.0		-50		
2:16	"	1.4	24.5		60		
2:18	"	2.0	32.5		300		
2:18	"	2.1	33.5		400		
2:19	"	2.1	36.0		500		
2:20	"	2.1	37.0		500		

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected	H2O 25	Acid 12	Oil
Treating Pts.	Max 500	Final 500	Avg. 400	ISIP 300	500 1 min 10' SI
Customer Representative	<i>John A. [Signature]</i>			Pro-Stim Supervisor	

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

October 07, 2011

Ronald N. Sinclair
Grand Mesa Operating Company
1700 N WATERFRONT PKWY BLDG 600
WICHITA, KS 67206-5514

Re: ACO1
API 15-063-21910-00-00
Hess 2-33
NW/4 Sec.33-13S-31W
Gove County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Ronald N. Sinclair